B. Subsequent Notification

(Complete item C)

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The Information requested here is required by law (Section 3010 of the Resource Conservation and

500 Street (Continued)

Street or P.O. Box AME City or Town

Name *(Last)*

Job Title

CLOUSE

County Code

HENRY IV. Installation Mailing Address (See Instructions)

City or Town

A. Initial Notification

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

II. Name of Installation (Include company and specific site name)

MACKAY

EASANT

V. Installation Contact (Person to be contacted regarding waste activities at site,

Notification of Regulated **Waste Activity**

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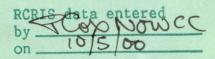
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VII.	VII. Ownership (See Instructions)																												
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EPA Form 8700-12 (Rev. 12/99)

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-1 of 2 -





RCRA RECORDS CENTER

		ID - For Officia	I Use Only							
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)										
A. Hazardous Was	te Activities	C. Used Oil M	anagement Activities							
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 7. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes	3. Treater, Storer, Disposinstallation) Note: A per required for this activity instructions. 4. Exempt Boiler and/or Ind Furnace a. Smelting, Melting, and ing Furnace Exemption b. Small Quantity On-Site Exemption 5. Underground Injection Co	mit is Facility- y, see	orter er Facility Processor/Re-refiner - Type(s) of Activity(les) sor							
B. Universal Wa	ste Activity	DESCRIPTION OF THE PERSON OF T								
Large Quantity Handler of Universal Was	te distribution of the second	Territoria de la Compania del Compania de la Compania del Compania de la Compania								
IX. Description of Hazardous Wastes (Use A. Listed Hazardous Wastes. (See 40 CFR	The state of the s									
B. Characteristics of Nonlisted Hazardou nonlisted hazardous wastes your installation of list more than 4 toxicity characteristic with the control of the co	on handles; See 40 CFR Parts 261, aste codes.) (List specific EPA hazardous waste nu	corresponding to the character 20 - 261.24; See instruction. mber(s) for the Toxicity Character 3	eristic contaminant(s))							
C. Other Wastes. (State-regulated or other	wastes requiring a handler to have	an I.D. number; See Instruc	6							
I certification I certify under penalty of law that this documen a system designed to assure that qualified per the person or persons who manage the system submitted is, to the best of my knowledge and submitting false information, including the position.	rsonnel properly gather and evalua m, or those persons directly respo d belief, true, accurate, and comple ossibility of fine and imprisonment	te the information submitted onsible for gathering the info ete. I am aware that there ar for knowing violations.	ormation, the information e significant penalties for							
Signature Ronold & Clouse	Name and Official Title (T) RONALD J. C	pe or print)	Date Signed 9 20 00							
XI. Comments										
Note: Mail completed form to the appropriate	EPA Regional or State Office. (Se	e Section IV of the booklet t	or addresses.)							

Please refer to Section V. Line-by-Line instructions for Completing EPA Form 8700-12 before completing this form. The

Notification of Regulated Waste Activity

Date Reverved (For Official Use Only) OCT 0 5 2000

Information requested here is required by law (Section 3010 of the Resource Conservation and United States Environmental Protection Agency BRA Recovery Act). I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number **B.** Subsequent Notification A. Initial Notification (Complete item C) II. Name of Installation (Include company and specific site name) EN III. Location of Installation (Physical address not P.O. Box or Route Number) Street MACKA AVE 0 Street (Continued) State **Zip Code** City or Town EASANT A **County Name** County Code ENR IV. Installation Mailing Address (See instructions) Street or P.O. Box AME Zip Code State City or Town V. Installation Contact (Person to be contacted regarding waste activities at site) (First) Name (Last) OUSE Phone Number (Area Code and Number) **Job Title** GR M VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing B. Street or P.O. Box State Zip Code City or Town VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

E

Street, P.O. Box, or Route Number

Zip Code State City or Town

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

5 5 D. Change of Owner Indicator

0

Yes

Date Changed Month Year Day 9 2000

Form Approved, OMB No. 2050-0028 Expires 12/31/02

		DAFOIL OF	Har USE ONLY
VIII. Type of Regulated Waste Activity (Man	k 'X' In the appropriate boxes. Re	fer to Instructions)	
A. Hazardous Wa	iste Activities	C. Used Oil	Management Activities
(Generator (See Instructions) d. Greater than 1000kg/mo (2,200 lbs.)	3. Treater, Storer, Dispo		ili transporter ransfer - Indicate Type(s) of
sb: (00 to 1000 kg/mo (220-2,200 lbs.)	required for this activ	lty, see Activity	((es)) Sporterse
2. Transporter (Indicate Mode in boxes 1-5 below)	4. Exempt Boller and/or in Furnace	2. Used 0	aiGrifaeilliù) Illymoreas entres entre res
B. For commercial purposes	a. Smelting, Melting, and	☐ 1 Proc	
Mode of Transportation 19	b. Small Quantity On-Site	^{950(ne)} : □ 3 onespe 4 used •	refi(ention Usario)li Bulger lli≅terMarkolor
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5 Other-specify			Mentons
B. Universal Wa	esté Activity	Recorded to the second of the	
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EXC Description of Hazardous Wastes <i>(Use</i>		į ir daras i	
A Listed Hazardous Wastes: (See 40 CFR	261,311–33; See Instructions If yo	i navitio (Bernoraliza) (2.	zatin swies),
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7 8. 7. 8	9 42 10	311 \$	ie ie
B. Characteristics of Nonlisted Hazardous "nonlisted hazardous wastes your installation to list more than 4 toxicity characteristic wastes."	on handles; See 40 CFR Parts 261	20 - 261.24; See Instruction	curisus of stryou need - 200 - 377
ID Jist arrow mail + rowich y characteristic w	(List specific EPA hazardous waste m	umber(s) for the Toxicity Charac	aristic contaminant(s))
(D001) (D002) (D003) Characteristic	1 2		
C. Other Wastes. (State-regulated or other)	vastes requiring a handler to have	an (1) number: See instruc	tions:)
1 1 2 2	3 4	5	6
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X Certification			
I certify under penalty of law that this document a system designed to assure that qualified per the person or persons who manage the syster submitted is, to the best of my knowledge and submitting false information, including the po	sonnel properly gather and evalua n, or those persons directly respo belief, true, accurate, and comple	te the information submitted insible for gathering the infe ite. I am aware that there ar	I. Based on my inquiry of ormation, the information
Signature	Name and Official Title (Ty	pe or print)	Date Signed
Ronald f Clour	RONALD J. C.	ous e	9/20/00:
XI. Comments			
The state of the s			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Note: Mail completed form to the appropriate I	EPA Regional or State Office. <i>(Se</i>	e section IV of the booklet fo	or addresses.)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V

77 WEST JACKSON BOULEVARD CHICAGO, ILLINOIS 60604

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300



U.S.EPA Region 7

RESP

Our, RCRA, and Tokies Div.

RCRA Enforcement and State Programs

RCRA Enforcement and State Programs

Branch (ARTD/RESP)

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